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## \*BIBDATASHEET\*

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*None AE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 GERMANY 103 11 473.4 03/15/2003 *AE*

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Angel R. Estrada AE</i> Examiner's Signature Initials				

ADDRESS  
 27667  
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 130 W. CUSHING STREET  
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 85701

TITLE  
 Screwed cable gland

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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